ı	KANGE 5	CHEDULIN	G	Prescribing Directive; Fort McCoy Regulation 350-1				Click here to SEND FORM when completed		
TO: DPTMS (IMNW-MCY-PLT-P) 2113 South J Street Fort McCoy, WI 54656-5148				FROM:						
				UIC:		DATE:		NAME, GRADE, TITLE, PHONE NUMBER OF POC		
DATE START	/ END TIM	D TIME START / END		PRIMAR	Y FACILITY	ALTERNATE FACILITY	WEAPON SYSTEM		TYPE OF AMMO	NUMBER OF TROOPS
					OPERATO	R ASSISTED RANG	GES			
DATE START / END	OCC TIMES START / END					TYPE OF FIRING D BE CONDUCTED	WEAPO	ON SYSTEM	TYPE OF AMMO	# OF PEOPLE TO FIRE
						), Rg 29 MPTR, Rg 3: Jualification or reserva			OC, Rg 101 ARF, Off/De	ef Bldg. Unit will provide
All concellat     Must comple     Range schee	tions must be in ete all boxes tha duling must be n	writing and faxed to t apply to your train otified of all joint a en mortar or firing p	to 608-388-3 ning or the 38 greements in	678 8A will be rejec writing.				f Command	er:	